



Medwork Independent Review

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MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 5/4/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Work hardening - low back.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Texas State Licensed MD Board Certified Orthopedic Surgeon.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- ☒ Upheld (Agree)
☐ Overturned (Disagree)
☐ Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The claimant has been well described as having been injured while working. The documents revealed that the then xx-year-old was injured in xx/xx/xx when she was attempting to pull on a pallet. The recurrent back pain despite physical therapy 12 sessions has been documented. The functional capacity evaluation on 02/25/2015 documented that the patient's capabilities were below the work place demands including a lifting and carrying. It was noted that medications have included methocarbamol, ibuprofen, omeprazole, and tramadol. The patient had reportedly as per the original review been terminated and/or had otherwise left her usual job activities. It was noted that the patient had been evaluated and treated. In the documentation from that provider, it was noted that a work hardening program was felt indicated due to physical deficits and fear avoidance issues. The records reviewed included a detailed review of the functional capacity evaluation reports in itself. The report revealed that there was "since the onset of...symptoms, she reports having felt stressed and frustration...physical limitations and emotional stability." The findings were noted to include the critical vocational demand of a bag machine operator.

It was noted in the FCE performed on 02/25/2015 that there was as noted "fear avoidance behaviors during her testing." The prior denials included the fact that there reportedly had been no evidence of significant depression or anxiety documented in testing and that there were no lower levels of possible dressings such fear avoidance in any psychological treatments. It was also noted that alternatives appeared to be a potential work conditioning program as per the prior denials. The appeal report from chiropractor in response to such denial was referenced as was the discussion had in a peer-to-peer as part of the initial review evaluation and ultimately opinion. The denial also referenced that the employee had



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"no history or current evidence of significant psychosocial common drug or attitudinal behaviors to recovery that would necessitate a work hardening program or a work conditioning program."

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The ongoing condition documented appears to be overwhelmingly physical in nature. The findings overall do not appear to meet the criteria of a work hardening program. This is especially valid as it was noted in the initial denial that "behavioral medicine evaluation notes that the employee's anxiety and depression scores are definitively normal and there was no documentation in the records that the employee has undergone any lower level of psycho behavioral therapy intervention." In this reviewer's opinion at this time, the findings and documentation do not meet the ODG criteria for work hardening as opposed to other potential alternative and would not therefore at this time be considered medically necessary based on such ODG guidelines including from the low back chapter and section on work hardening as referenced.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ☐ ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- ☐ AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- ☐ DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- ☐ EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- ☐ INTERQUAL CRITERIA
- ☒ MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ☐ MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- ☐ MILLIMAN CARE GUIDELINES
- ☒ ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- ☐ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- ☐ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- ☐ TEXAS TACADA GUIDELINES
- ☐ TMF SCREENING CRITERIA MANUAL
- ☐ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- ☐ OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)